

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Cal-A-Cab Logistics LLC dba Cal-A-Cab Logistics

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Shanna D Rhodes

Telephone: 843-518-3549

Address: 126 Savannah River Dr

Fax: 912-319-7549

Summerville, SC 29485

Other: _____

Email: calacab.logistics@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

SEP 03 2021

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: July 13th, 2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Cal-A-Cab Logistics
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
126 Savannah River Dr Summerville, SC 29485
Street Address of Applicant
P.O. Box 80473 Charleston, SC 29416
Mailing Address of Applicant (if different from street address)
843-518-3549 912-319-7549
Phone Fax
calacab.logistics@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u> | | <u>Liabilities:</u> | |
|-------------------------------------|--------|------------------------------|--------|
| Value of Real Estate | 0 | Mortgage/Loan on Real Estate | 0 |
| Value of Motor Vehicles | 15,000 | Loans Owed on Motor Vehicles | 8,500 |
| Cash on Hand | 350 | Business/Other Loans Owed | 1,500 |
| Cash in Bank | 1,500 | Other Liabilities or Debts | |
| Value of Other Assets and Equipment | | Total Liabilities | 10,000 |
| Total Assets | 16,850 | | |

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$45.00 per hour on transporting.

\$55.00 per each additional hour after 8 hours.

Counties to be Served:

Charleston SC, Summerville SC, Mt Pleasant SC,
North Charleston SC, Moncks Corner SC, Goose Creek SC

~~Dorchester, Charleston, Berkeley~~

see attached
for scope

Maximum Number of Passengers per Vehicle: 8

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input checked="" type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT | WHEEL- CHAIR LIFT |
|-------|--------------------|-------------------|--------------|-------------------------|
| Dodge | 2016 Grand Caravan | 2C4RDGCG7GR330165 | 4,483 | |
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PROPOSED RATES AND CHARGES FOR SERVICE**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Shanna Rhodes

Name of Motor Carrier

126 Savannah River Dr Summerville SC 29485

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 3,489.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

| | | Limits Quoted |
|------------------------------------|--------------|---------------|
| Liability Combined Each Occurrence | \$ 1,000,000 | 1,000,000 |
| Medical Payments per Person | \$ 1,000 | 1,000 |

National General Insurance DBA Direct Auto Insurance

Name of Insurance Company

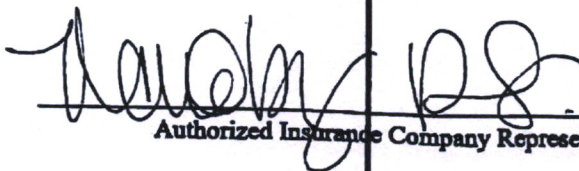
5620 University PKWY, Winston-Salem NC 27105

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9/3/21

Date



Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

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Scanned with CamScanner



PO Box 3199 • Winston Salem, NC 27102-3199

SHANNA RHODES
126 SAVANNAH RIVER DR
SUMMERVILLE SC 29485

Prepared for:
SHANNA RHODES

Print Date: 09/03/2021 9:34 AM
Quote Effective Date: 09/03/2021
Quote Number: 64821729
Your Quote Premium: \$3,489.00
Integon General Insurance Corporation
Your Agent:
Direct General Insurance Agency Inc - 2545
2002 N Main St
Anderson SC 29621
(864) 222-2525
Email: 2545@directgeneral.com

SC Commercial Vehicle Insurance Quote

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy and does not bind coverage.

| Installment Options | | |
|--------------------------------|--------------|-------------------------|
| Term | Down Payment | Payments |
| 12 Month Direct Bill Payments* | \$582.70 | 10 payments of \$300.63 |

*Installment charge is included in the payment amounts.

| Drivers, Employees and Household Residents | | | | | | | | | | |
|--|---------------|----------------|-------|---------------|-----|--------|-----------|---------------|--------|----------------|
| Drv# | Name | License Number | State | Relationship | Age | Points | FR Filing | Driver Status | Gender | Marital Status |
| 1 | Shanna Rhodes | XXXXX0387 | SC | Named Insured | 43 | 0 | No | Owner Driver | Female | Single |

| Insured Vehicle(s) | | | | | | |
|--------------------|-----------------------------|-------------------|-------------------|-------------------|--------|-------------|
| | Policy Coverage Level | Scheduled | | | | |
| Veh# | Vehicle | VIN | Usage | Garaging Location | Radius | Stated Amt |
| 1 | 2016 DODG GRAND CARAVAN SXT | 2C4RDGCG7GR330165 | Business Use Only | 61 | 100 | \$12,000.00 |

| Vehicle-Level Coverages | | | |
|-------------------------|------------------------------------|--|------------|
| Veh# | Coverage | Limits/Deductibles | Premium |
| 1 | Bodily Injury | \$50,000 Each Person / \$100,000 Each Accident | \$1,654.00 |
| 1 | Property Damage | \$50,000 Each Accident | \$1,083.00 |
| 1 | Medical Payments | \$1,000 Each Person / Each Accident | \$37.00 |
| 1 | Uninsured Motorist Bodily Injury | \$50,000 Each Person / \$100,000 Each Accident | \$83.00 |
| 1 | Uninsured Motorist Property Damage | \$50,000 Each Accident | \$55.00 |
| 1 | Comprehensive | Stated Amount \$12,000 - \$500 Deductible | \$220.00 |
| 1 | Collision | Stated Amount \$12,000 - \$500 Deductible | \$324.00 |
| 1 | Roadside Assistance | \$100 Day, \$500 Occurrence | \$22.00 |
| Vehicle 1 Total | | | \$3,478.00 |

| | |
|--|-------------------|
| Subtotal Quoted Premium: | \$3,478.00 |
| Additional Insured Charge - Contractual Liability: | \$10.00 |
| Uninsured Enforcement Fund: | \$1.00 |
| Total 12 Month Quoted Premium: | \$3,489.00 |

| Discounts Offered | |
|----------------------|--|
| Policy Level | |
| Association Discount | |
| Transfer Discount | |

| | | |
|---|--|------------------------|
| Applicable Surcharges | | |
| Policy Level | | |
| Business Type D | | |
| Prior Policy Info | | |
| Prior Company Name | No. Days Lapse | Prior BI Limits |
| GEICO | 0 | \$100,000/\$300,000 |
| Contractual Liability Additional Insured Endorsement | | |
| Number of Contractual Liability Additional Insureds | 1 | |
| Contractual Liability Additional Insured Limit | Lesser of contractual requirement or \$1,000,000 | |

Exhibit Fit, Willing, and Able (FWA)

Shanna D Rhodes
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

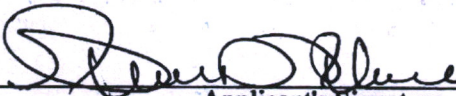
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

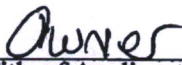
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.


The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

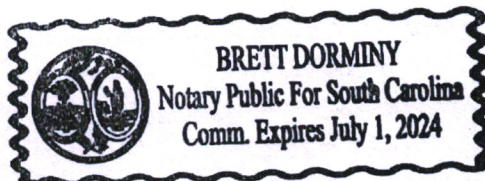

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Dorchester)

SWORN TO BEFORE ME
This 2nd day of August, 2021


Notary Public

Commission Expires 07-01-2024



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Cal-A-Cab Logistics LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 29th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 1st day
of February, 2021.


Mark Hammond, Secretary of State

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting department in ensuring the integrity of the financial statements. It also highlights the need for regular audits and the importance of transparency in financial reporting.

2. The second part of the document focuses on the implementation of internal controls to prevent fraud and ensure the accuracy of financial data. It outlines the key components of a robust internal control system, including segregation of duties, authorization procedures, and regular monitoring and evaluation.

3. The third part of the document addresses the challenges faced by the organization in managing its financial resources and the strategies adopted to overcome these challenges. It discusses the importance of budgeting and financial forecasting in making informed decisions about resource allocation.

4. The fourth part of the document provides a detailed analysis of the organization's financial performance over the past year, including a comparison of actual results with budgeted figures. It identifies areas of strength and areas for improvement, and provides recommendations for enhancing financial performance in the future.

5. The fifth part of the document discusses the organization's compliance with applicable laws and regulations, and the measures taken to ensure ongoing compliance. It highlights the importance of staying up-to-date with changes in the regulatory environment and the role of the legal department in ensuring compliance.

6. The sixth part of the document provides a summary of the key findings of the audit and the recommendations for improvement. It emphasizes the need for continuous improvement and the importance of regular communication and collaboration between the accounting department and other departments in the organization.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210902-1538201

Filing Date: 09/02/2021

Sep 02 2021
REFERENCE ID: 861273

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF
PROCESS, OR (3) ADDRESS OF AGENT
LIMITED LIABILITY COMPANY – DOMESTIC AND FOREIGN

Pursuant to the 1976 S.C. Code of Laws, as amended, §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is:

Cal-A-Cab Logistics LLC

2. The limited liability company is (check either "a" or "b", whichever is applicable):

- ☒ a. A South Carolina limited liability company.
☐ b. A foreign limited liability company authorized to transact business in South Carolina.

3. a. The South Carolina street address of the current designated office for the limited liability company is:
126 Savannah River Dr

(Street Address)

Summerville, South Carolina 29485

(City, State, Zip Code)

- b. The name of the company's current agent for service of process is:

Shanna Rhodes

(Name)

- c. The South Carolina street address of the current registered agent's office is:
126 Savannah River Dr

(Street Address)

Summerville, South Carolina 29485

(City, State, Zip Code)

4. Check and complete all boxes (a-c) that apply.

- ☒ a. The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is:
1964 Ashley River Rd #80473

(Street Address)

Charleston, South Carolina 29416

(City, State, Zip Code)

Form Revised by South Carolina Secretary of State, August 2016
F0080

SC Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Sep 02 2021
REFERENCE ID: 861273

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Cal-A-Cab Logistics LLC

Name of Limited Liability Company

- ☐ b. The company is changing its agent for service of process.

The name of the company's new agent for service of process is:

(Name)

I hereby consent to the appointment as registered agent.

(Agent's Signature)

- ☒ c. The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is:
1964 Ashley River Rd #80473

(Street Address)

Charleston, South Carolina 29416

(City, State, Zip Code)

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date 09/02/2021
(Date)

Date: 09/02/2021

Signed as Authorized Signature: Shanna Rhodes

(Signature)

Shanna D Rhodes

(Print Name)

Capacity/Position of Person Signing (You must check one box.)

☒ Manager ☐ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

